



## APPLICATION INSTRUCTIONS AND GENERAL INFORMATION

### For the Application for Physician Assistant License



Please review the Application Instructions and General Information pages carefully prior to completing the application and requesting all applicable supporting documents. **The Board requires at least 30 days to perform an initial review. Updates on an application status may not be available until an initial review has been completed.**

The Board recommends that new graduates apply no earlier than 30 days prior to graduation. All items listed that are applicable to you must be submitted in order for your qualifications for licensure to be assessed.

## APPLICATION INSTRUCTIONS

### APPLICATION PROCESSING TIMES

Your application is considered complete once all required forms, documentation, FBI and DOJ criminal background check, and appropriate fees have been received and validated. You will be notified of the status of your application, including any file deficiencies, within 30 days from the date your application is received. We recognize that some items may be in transit; however, in an effort to ensure that your application can be reviewed in a timely manner, we ask for your patience in not calling for the status of your application until after this 30-day period. Applications, all supporting documentation and criminal background checks are valid for one (1) year from the date of the deficiency letter from the Board.

### FEES

Online applications fees are paid with a major credit card. Apply online at [www.breeze.ca.gov](http://www.breeze.ca.gov). Online applications submitted without payment are incomplete and will not be processed.

Applications submitted by mail or in person must include the following fees:

- Application (\$25) and Initial licensing fees (\$200) ..... \$225

**OR**

- Application (\$25), Initial licensing (\$200), and Fingerprint card processing (\$49) fees ..... \$274

Applications received without payment will be returned as incomplete and delay the licensing process.

Mail completed application and check or money order (made payable to the Physician Assistant Board) to:

Physician Assistant Board  
2005 Evergreen Street, Suite 1100  
Sacramento, CA 95815-3893

The initial licensing fee of \$200 will be refunded if licensure is not granted or application is withdrawn or abandoned.

### APPLICATION FOR LICENSURE

**Forms PA1-PA5** - As an applicant, you are personally responsible for all information disclosed on your application, including any responses that may have been completed on your behalf. An application may be denied based upon falsification or misrepresentation of any item or response on the application or any attachment.

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815-3893 (916) 561-8780 FAX: (916) 263-2671 [www.pac.ca.gov](http://www.pac.ca.gov)

## APPLICATION FOR LICENSURE (continued)

- All questions must be answered on the application.
- Applications and all supporting documentation are valid for one (1) year from the date of the deficiency letter from the Board.
- Applications submitted without payment will be returned as incomplete.
- **Faxed or email copies are not acceptable.**

## TRAINING PROGRAM CERTIFICATION

**Form PA6** is a mandatory form and cannot be substituted.

- Complete Part A and send the PA6 form to your training program by mail, email, or fax for completion.
- Part B must be completed by the training program and then mailed directly to the Physician Assistant Board.
- **Original form is required; faxed or email copies are not acceptable.**
- **Program/school transcripts are not required to be submitted.**

## LICENSE VERIFICATION

- Verification of Licensure must be provided to the CA Physician Assistant Board for every state in which you are or have been licensed or otherwise registered to practice as a health care provider, regardless of the license status. Each licensing agency must then mail an original, completed verification, with their agency seal, directly to the Board.
- Electronic verifications are only acceptable from those states that do not provide paper verification.
- **Faxed or email copies are not acceptable.**

The Board offers a courtesy verification form (PA7) at this link:  
[http://www.pac.ca.gov/forms\\_pubs/pa7\\_verification.pdf](http://www.pac.ca.gov/forms_pubs/pa7_verification.pdf)

## BIRTH MONTH LICENSURE REQUEST

If your license is issued during your birth month, your initial license will be valid for a full 24-month term. If your license is issued in a month other than your birth month, the term of your initial license may be valid for as few as thirteen (13) months or as many as twenty-three(23) months.

**Please submit form PA8 if you wish to wait until your birth month to be licensed.**

## PHOTOGRAPH

You must submit a recent (within 30 days of date of application) color passport-style photograph. The photograph must have a white to off-white background and be printed on glossy finish photo paper. The photograph must be 2x2 inches, in color with frontal view of full face and shoulders. Your head must be bare unless you are wearing head-covering (which must not cast shadows on your face) as required by a religious denomination of which you are a member.

**Scanned, altered or self-printed photos are not acceptable.**

## REQUEST FOR RELEASE OF PANCE SCORES FROM THE NCCPA

Contact the National Commission on Certification of Physician Assistants, 12000 Findley Road, Suite 200, Duluth, GA 30097, [www.nccpa.net](http://www.nccpa.net), telephone: (678) 417-8100, to authorize release of your Physician Assistant National Certifying Examination (PANCE) scores. Your PANCE scores will be released to the NCCPA portal or mailed by the NCCPA directly to the Board.

**Faxed and email copies are not acceptable.**

## FINGERPRINT PROCEDURE

Before the Board issues a license, a criminal history background check must be submitted to both the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) to verify that the applicant has no criminal history. Your physician assistant license will not be issued until the board receives fingerprint clearance from both the DOJ and the FBI. Even though you may have been fingerprinted previously for another employer or regulatory body you will need to undergo the criminal history background check process again specifically for this application. California Penal Code section 11142 prohibits criminal history information from being released to any entity other than the requesting agency that you have authorized to receive it.

**Two methods are available to complete the fingerprint requirement:**

**LIVE SCAN PROCESS—Applicants who either reside in California or are visiting California must use this process.**

**Live Scan Procedures:**

1. Complete the Applicant information section of the Board's "Request for Live Scan Services" form.
2. Take the completed form to a Live Scan location. Visit <https://oag.ca.gov/fingerprints/locations> to locate a Live Scan location. Hours of operation and fees vary, so please contact the Live Scan site directly for information.
3. Pay the processing (\$49) and rolling fees (varies per site) to the Live Scan operator.

Submit a copy of the form with your physician assistant license application.

**MANUAL FINGERPRINT CARD PROCESS:**

If you reside outside of California or are unable to obtain Live Scan services **in California**, you must use the manual fingerprint card process. Please contact the PAB by calling (916) 561-8780 or emailing [paccommittee@mbc.ca.gov](mailto:paccommittee@mbc.ca.gov) to obtain the 8" x 8" fingerprint cards (FD-258). You may also obtain the approved fingerprint cards from your local law enforcement agency.

**Instructions:**

1. Complete all areas on both cards as indicated at this link:  
[https://www.dca.ca.gov/webapps/pac/fp\\_requests.php](https://www.dca.ca.gov/webapps/pac/fp_requests.php)
2. Take the completed cards to a local law enforcement office and have your fingerprints rolled. The Board **must** have two distinctive sets of prints.
3. Submit both fingerprint cards with your physician assistant license application. **DO NOT FOLD CARDS.** The Board will be unable to process your application without two completed fingerprint cards. Please be sure to include a check or money order for \$274 which includes the \$49 manual fingerprint cards processing fee.

## NATIONAL PRACTITIONER DATA BANK REPORT

- Request a Self-Query Report by visiting the National Practitioner Data Bank's (NPDB) website at <https://www.npdb.hrsa.gov/> or the direct link <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>.
- Mail to the Board the sealed, original Self-Query Report from the NPDB. It must be dated within 60 days of filing the application.
- The Board will not accept Self-Query Reports that have been opened or Self-Query Reports that are faxed, emailed or attached to your online application.
- The name on your Self-Query Report must be **EXACTLY THE SAME** as the name on your application.
- The Board is not able to assist you with requesting the Self-Query Report. For help, contact the NPDB directly by calling (800) 767-6732 or TDD (703) 802-9395. The NPDB website also provides a fact sheet and answers to frequently asked questions.
- You must pay the fee required for the report directly to the NPDB.

## MILITARY EXPEDITE

The Physician Assistant Board is required to expedite the licensing process for an applicant who meets one of the following criteria:

A. Serving in the Military: Are you an active duty member of the Armed Forces of the United States? If yes, please provide the following:

- Application for PA Licensure.
- **A copy of your current duty statement.**

B. Military Veteran: Have you ever served as an active duty member of the Armed Forces of the United States and were honorably discharged? If yes, please provide the following:

- Application for PA Licensure.
- **Certificate of Release or Discharge from Active Duty (DD214).**

C. Active Duty Military – Spouses or Partners: Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California and do you hold a current license in another state? If yes, please provide the following:

- Application for PA Licensure.
- A copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. For other forms of legal union not recognized by California, you may submit other documentary evidence issued by the State that recognizes your legal union for consideration by the board in meeting this requirement.
- A copy of your current physician assistant license.
- **A copy of the military orders establishing duty station in California.**

## CONVICTIONS

For each conviction disclosed, you must provide certified copies of the arresting agency report and court documents, including a plea form and court docket. You are required to submit a detailed written narrative describing the incident that resulted in your conviction. All documents will need to be provided by the arresting agency and the court directly to the Board. For traffic violations that resulted in fines over \$500, please submit a copy of your DMV record. If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. You are required to include any conviction that has been set aside and dismissed (AKA expunged) or where a stay of execution has been issued.

Note that convictions adjudicated in juvenile courts or convictions two years or older under Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law **MUST** be disclosed.

If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application. The Board receives information regarding convictions that have been dismissed or set aside. (AKA expunged)

## **PROOF OF DISMISSAL**

If you have obtained a dismissal or expungement of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please request from the court a certified copy of the order dismissing or expunging the conviction(s); this should be sent directly to the Board by the court.

## **RELEASE OF APPLICATION STATUS**

A pending application is not a public record; therefore, you must sign and submit a release of information to the Board before staff will release information to anyone other than you.

## **ABANDONMENT OF LICENSURE APPLICATION**

Applicants must complete the licensing process within 12 months of receipt of the deficiency letter from the Board. If the applicant fails to complete the application process (submit to the Board all required forms, documentation and criminal background check) within 12 months, the application is deemed abandoned, (Business and Professions Code section 142) and the \$200 licensing fee will be refunded to the applicant.

## **APPLICATION DENIAL**

The Physician Assistant Board has the authority to deny licensure based upon an applicant's act of dishonesty or unprofessional conduct, conviction of a crime substantially related to the qualifications, functions, or duties of the physician assistant profession, discipline by another state, country or agency of the federal government, or inability to practice safely.

If your application for licensure is denied, you will have a right to a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code upon written request. The right to a hearing is deemed waived unless a written request for a hearing is made within a 60-day period following denial.

Once a license denial is final, you may reapply one year from the date of the denial. You will be notified in writing the reason(s) for denial and provided information about the appeal process.

## **MENTAL ILLNESS, DISEASE, OR DISORDER**

"Mental illness, disease or disorder" includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.

"Currently" does not mean on the day of or even in the weeks or months preceding, the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functions as a Physician Assistant.

Please submit complete official medical, psychiatric and treatment records related to the specific medical or psychiatric issue, evidence of ongoing rehabilitation treatment, and a personal written statement identifying and describing the mental illness, disease, disorder, or other condition. Completion of an authorization and release of medical or psychiatric records form may be required by the Board to finalize the application process.

## NOTICE OF COLLECTION OF PERSONAL INFORMATION

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in Civil Code section 1798.40, or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.

## GENERAL INFORMATION

### ADDRESS OF RECORD

It is your responsibility to provide to the Board written notification of any address or name changes. All correspondence will be sent to your address of record. If the address of record is a post office box, the law requires that you also provide a street address which will not be disclosed to the public. **Once licensed, your address of record is a public record and will be available on the Board's website. The Board is required to provide the address of record to anyone who may request it.**

Address changes may be submitted on-line through your BreZE account, or send a written change of address to the Board by mail, fax, or email. You may obtain an address change form using this link: [http://www.pac.ca.gov/forms\\_pubs/addresschange.pdf](http://www.pac.ca.gov/forms_pubs/addresschange.pdf)

### CANCELED PHYSICIAN ASSISTANT LICENSE

Business and Professions Code Section 3526 states, "A person who fails to renew his or her license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored thereafter, but that person may apply for and obtain a new license or approval if he or she:

- Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).
- Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the Board that, with due regard for the public interest, he or she is qualified to practice as a physician assistant.
- Pays all of the fees that would be required as if application for licensure was being made for the first time."

A California physician assistant license that has been expired for more than five years will automatically be canceled. Please contact the Board for further information.

## PRACTICING AS A PA

You may not begin practicing as a PA in California until:

1. You have been granted a license by the Board; and,
2. Have a supervising physician with whom you have established in writing a Delegation of Services Agreement.

Title 16 California Code of Regulations section 1399.540 requires physician assistants to execute a Delegation of Services Agreement (DSA) with their supervising physician. The DSA is a written agreement between the supervising physician and physician assistant which specifically delegates those services the physician assistant may provide. It shall include the names of the supervising physician(s), the types of medical services the physician assistant is allowed to perform, how the medical services are performed, how charts will be reviewed and countersigned, and what types of medications the physician assistant will transmit on behalf of the supervising physician.

The DSA must be signed and dated by you and your supervising physician(s), the original or a copy of the DSA should be maintained at all practice sites and should be readily accessible. A sample DSA is available at [http://www.pac.ca.gov/licensees/delegation\\_faq.pdf](http://www.pac.ca.gov/licensees/delegation_faq.pdf).

## HEALTHCARE WORKFORCE SURVEY FOR INITIAL LICENSES AND RENEWALS

Legislation was passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.

You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal.

Please visit [https://www.dca.ca.gov/webapps/oshpd\\_survey.php](https://www.dca.ca.gov/webapps/oshpd_survey.php) to complete the survey at this time. If you do not have internet service available to you, please contact the Physician Assistant Board at (916) 561-8780 and request the survey be mailed to you.

## LICENSE RENEWALS

Once your license is issued, it will be valid until the last day of your second birth month after licensure. Therefore, your initial license may be valid for as few as thirteen months or as many as twenty-four months. For this reason, the initial licensing fee is \$200. Thereafter, your license will expire biennially on the last day of your birth month. The expiration is based on your birth month, not your birth date. A courtesy renewal notice is sent to your address of record approximately 90-120 days prior to the expiration date. You may verify your current address of record and expiration date at: <https://search.dca.ca.gov/>, or call (916) 561-8780. Processing time for license renewals varies upon how the renewal application is submitted to the Board. If you mail your renewal in the provided envelope processing time is approximately 6-8 weeks, if you mail your renewal to the Board's street address, processing time is approximately 2 weeks, and if you renew your license online it is instantaneous. You can renew online at: [www.breeze.ca.gov](http://www.breeze.ca.gov)

## PHYSICIAN ASSISTANT LAWS AND REGULATIONS

It is your responsibility to know the laws and regulations pertaining to the practice as a physician assistant as they are subject to change. You may obtain a copy of the physician assistant laws and regulations at [http://www.pac.ca.gov/about\\_us/lawsregs/law-booklet.pdf](http://www.pac.ca.gov/about_us/lawsregs/law-booklet.pdf)

## DEA REGISTRATION

Physician Assistants are required to register with the DEA if prescribing controlled substances. For information on obtaining a DEA license contact the DEA at:

- Website: <https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp>
- Call: 1-800-882-9539 (8:30 am – 5:50 pm ET)
- Email: [DEA.Registration.Help@usdoj.gov](mailto:DEA.Registration.Help@usdoj.gov)

## CURES REGISTRATION

Effective January 1, 2016, all California licensed healthcare providers, including physician assistants, authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, and IV controlled substances must register to access CURES (as required by California Health and Safety Code section 11165.1). Registering for CURES access allows the healthcare provider to access patient activity reports before prescribing controlled substances. To register for CURES go to: <https://oag.ca.gov/cures>

## CONTINUING MEDICAL EDUCATION

Licensees are required to complete continuing medical education (CME) as a condition of license renewal, unless exempt. Physician assistants may demonstrate their compliance by either:

- Certification by the National Commission on Certification of Physician Assistants (NCCPA) at the time of renewal.

**OR**

- Completion of 50 hours of approved Category 1 (Preapproved) CME during each 2-year renewal period.

## RESOURCE

The Board's website address is: [www.pac.ca.gov](http://www.pac.ca.gov). You may obtain physician assistant applications, forms, general information, relevant laws and regulations, and other resources on the board's website. You may also link to other agencies and organizations. You are encouraged to visit the site on a regular basis for information that will be useful to you.

The Board's website also includes an online subscription service which sends out notices of changes in laws and regulations, enforcement actions taken against licensees, and information related to physician assistant practice. You are encouraged to take advantage of this service. Use this link to join the Board's email subscriber list: <https://www.dca.ca.gov/webapps/pac/subscribe.php>